

UNITED STATES BANKRUPTCY FOR
SOUTHERN DISTRICT OF NEW YORK

In Re: MOTORS LIQUIDATION COMPANY, et al,
f/k/a General Motors Corp., et al

Chapter 11 Case No.

Debtors.

09-50026 (REG)

**LINDA SZEJNA'S RESPONSE TO DEBTORS'
THIRTY-FOURTH OMNIBUS OBJECTION TO CLAIMS**

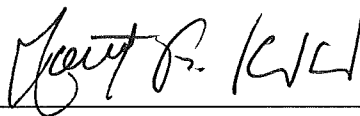
Linda Szejna by her attorney replies to the Thirty-Fourth Omnibus Objection To Claims as follows:

1. Attached as Exhibit "A" is a true and correct copy of the Proof of Claim filed on behalf of Linda Szejna on July 17, 2009.
2. Attached as Exhibit "B" is a true and correct copy of the proposed amended Proof of Claim providing more information concerning Linda Szejna's Proof of Claim.
3. Neither Linda Szejna or her attorney received a letter from debtors requesting information that would permit debtors to understand the basis and nature of Linda Szejna's Proof of Claim.
4. If Linda Szejna or her attorney would have received such request, the requested information would have been provided.
5. Linda Szejna and her attorney in good faith filed the original Proof of Claim and have attempted to comply with all requirements of this Court.

WHEREFORE, Linda Szejna requests the Court to deny Debtor's objection to her claim and that she be allowed her day in court to have this serious and substantial claim resolved.

Dated this 26 day of July, 2010.

ANDERSON, O'BRIEN, BERTZ, SKRENES & GOLLA

By: 
Robert F. Konkol, a Member of the Firm
Attorneys for Linda Szejna
1257 Main Street, P.O. Box 228
Stevens Point, Wisconsin 54481
Telephone: 715/344-0890
State Bar No.: 1019686

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor General Motors Corporation		Case Number 09-50026 (REG)
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) Linda Szejna		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number _____ (If known) Filed on _____
Name and address where notices should be sent Attorney Russell T. Golla P.O. Box 228 Stevens Point, WI 54481-0228 Telephone number (715) 344-0890		
Name and address where payment should be sent (if different from above) Ms. Linda Szejna 5912 Range Line Road Crandon, WI 54520 Telephone number (715) 478-2078		
1 Amount of Claim as of Date Case Filed \$16,000,000.00 If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)() Amount entitled to priority \$ _____ <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2 Basis for Claim <u>personal injury</u> (See instruction #2 on reverse side)		
3 Last four digits of any number by which creditor identifies debtor _____ 3a Debtor may have scheduled account as _____ (See instruction #3a on reverse side)		
4 Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe _____ Value of Property \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____ Basis for perfection _____ Amount of Secured Claim \$ _____ Amount Unsecured \$ _____		
6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7 Documents Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side). DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain _____		



Date
6/26/09

Signature The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

[Signature] Russell T Golla
Attorney for Creditor

FOR COURT USE ONLY

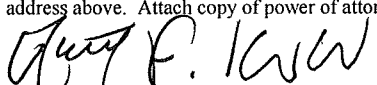
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 159.

EXHIBIT

tabbles

A

B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Southern District of New York		Amended PROOF OF CLAIM
Name of Debtor: General Motors Corporation		Case Number: 09-50026(REG)
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Linda Szejna		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: <u>07/17/2009</u>
Name and address where notices should be sent: Attorney Russell T. Golla P.O. Box 228 Stevens Point, Wisconsin 54481		
Telephone number: (715) 344-0890		
Name and address where payment should be sent (if different from above): Ms. Linda Szejna 5912 Range Line Road Crandon, Wisconsin 54520		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: (715) 478-2078		
1. Amount of Claim as of Date Case Filed: \$ <u>16,000,000.00</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>personal injury</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: SEE ATTACHED EXHIBIT A		
Date: 07/29/2010	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  Robert F. Konkol	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Attorney for Creditor

EXHIBIT

B

EXHIBIT A
SUMMARY OF CLAIM

On August 11, 2008 Linda Szejna was riding as a passenger in a 1997 Chevrolet motor vehicle, VIN 1GNFK16R7VJ363629, in Crivitz, Wisconsin. At that time her seat belt released due to a defect in the seat belt system when the vehicle rolled over as a result of a collision. This resulted in Linda Szejna becoming a high level paraplegic and sustaining \$1,412,582.20 in medical expenses, \$5,763.05 funeral expenses and other damages, amounting in all to the total amount of at least \$16,000,000.00.